ANTHONY DOGAMABELL

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

ODNIKUBUTORKANAMEVANDYADDRESS	DX:\\##074EX\\#\\\\\ \\\#\\#\\#\\#\\#\\#\\	CONTRIBUTION	EGHECKHERES AND LOAN 15
BOB FAISS 15 14 BERMON BUNES DA	6/18/02	100,00	
BOULDER CITY NV 89005	7/29/02	00,00	
MIKE PACINI 13/2 POTOSI ST	7/14/02	250,00	
RPS HOLDINGS, INC.	8/6/02	2,807,13	
BOULDERCITY, NV 89001 B,C. POLICE PROTECTIVE DECN	8/6/02	2,000.00	
	, '	,	
TRIAD GOLF MANAGEHENT GROUP	8/16/02	500.00	
1214 BRIARSTONE DR BOULDER CITY, NV 89005-2143	8/19/02	300.00	

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PAGE \mathcal{A} OF 10

ANTHONY D, CAMPBELL Name (print)

Office (if applicable)

District (if applicable)

Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OFEACH CONTRIBUTION
6/10/02	20,00
6/18/02	100,00
6/18/02	20,00
418/02	30,00
6/26/02	40.00
6/26/02	25.00
6/27/02	100,00
7/15/02	1,00
7/15/07	25.00
7/22/02	9500
7/23/02	100,00
7/29/02	30,00
8/5/02	95.00
8/5/02	100,00
8/12/02	50,00
8/12/02	95.00
8/12/02	99,00
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ANTHONY D. CAMPBELL

Office (if applicable)

District (if applicable)

Expense Categories

OANEGORIES	(G(O)D)≣
Office expenses	Α
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J

PAGE_ 4 OF 10

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

ANTHONY D. GARLABELL Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (Sea Previous Page) (NRS 2944 365)	DATE OF EACH EXPENSE	AMOUNT OF FACH EXPENSE
FRITERNATIONAL BUTTON PRUMOTIONS INC. 3945 W. RENO, SUITE B LAS VEGAS, NV 89118	D	7/18/02	117,98
B.C. HEWS P.O. BOX 90430 HENDERSON, NV 89009	D	7/22/02	261,00
B.C. NE-WS (AS ABOVE)	D	7/29/02	116,00
ALPHABET SOUP SIGNS BOULDER GTY N.V 89005	D	7/29/02	237,90
B.C. NEWS (AS ABOVE)	D	8/1/02	253.75
PASSKEY SYSTERS 4395 YOCARIS AVE LAS VEGAS, KIV	D	8/8/02	2,729,32
B,C, NEWS (AT ABOVE)	D	8/8/02	361.00
B,C, NEWS (AI ABOVE)	D	8/19/02	253.75

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PAGE 5 OF 10

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Name (print) D, GAMPRELL Office (if applicable)

District (if applicable)

Expenses of \$100 or Less

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OF EACH EXPENSE &	AMOUNT A OF EACH EXPENSES	CATEGORY
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PAGE 6 OF 10

ANTHONICA	D	CAMPBELL -
Name (print)		Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTI EACH IN KIN CONTRIBI	ONOF PARTIES ON OF PARTIES ON OF PARTIES ON	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HHERE IF LOAN
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PAGE 7 OF 10

ANTHONY D. CAMPBELL.

Office (if applicable)

District (if applicable)

IN KIND

Contributions of \$100 or Less

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION
	T X	32.18
8/5/02	RI	16,50

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page 8 of 10

ANTHONY D. CAMPRELL,

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED! THE IN KIND GOOD(S) OR SERVICE(S)	OF EACH S. W.	EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
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PAGE 9 OF 10

ANTHONY D, GAMPBELL —
Name (print) Office (if applicable)

District (if applicable)

IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
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Prescribed by Secretary of State NRS 294A 120, 294A 140, 294A 150 294A 200, 294A 210, 294A 220, 294A 362

PAGE / 0 OF / 0

DEAN HELLER SECRETARY OF STATE

State of Nevada

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENSES

Acknowledgement

I, ANTHONY D. CAMPBELL, on behalf of

SAVE OUR CITY COMMITTEE

(Please print name of Party, Group, Committee or Self)

hereby acknowledge receipt of the required forms and filing date schedule for the reporting of campaign contributions and expenses pursuant to the Nevada Campaign Practices Act. I understand that:

- > I must file the prescribed reports by:
 - Report No. 1 August 27, 2002
 - Report No. 2 October 29, 2002
 - Report No. 3 January 15, 2003
- A violation of the reporting of contributions and expenses is subject to a civil penalty of up to \$5,000 for each violation and payment of court costs and attorney's fees;
- ➤ I UNDERSTAND THAT A MONETARY CIVIL PENALTY MAY BE ASSESED TO ME FOR FAILURE TO TIMELY FILE THESE REPORTS. (NRS 294A.420)

Signature

1

Received and Filed:

This ZZn

Filing Officer

This form is to be signed, detached and a copy is to be given to the representative.